

Dkt. No. _____

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled THE PARENTERAL USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR THE THERAPEUTIC TREATMENT OF BACTERIAL INFECTIONS, the specification of which:

(check one) ☒ is attached hereto ☐ being filed on _____ as
Application Serial No. _____ and
was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed
(NUMBER) _____	(COUNTRY) _____	(DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
(NUMBER) _____	(COUNTRY) _____	(DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
(NUMBER) _____	(COUNTRY) _____	(DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this applications:

09/482,992	1/14/2000	NOTICE OF ALLOWANCE
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS)
		(PATENTED, PENDING, ABANDONED)
_____	_____	_____
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS)
		(PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY: As a named inventors, We hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

SEND CORRESPONDENCE TO:

Jonathan E. Grant
2120 L Street, N.W.
Suite 210
Washington, D.C. 20037

DIRECT TELEPHONE CALLS TO:

Jonathan E. Grant
(301) 603-9071

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No. 9247 P. 6/38 P. 05

Page 2 of 3

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor Lawrence Loomis
GIVEN NAME MIDDLE NAME FAMILY NAME
Inventor's signature * [Signature]
Date of signature * 1/02/01
Residence Columbia Md USA
CITY STATE OR PROVINCE COUNTRY
Citizenship U.S.A.
Post Office Address 11374 Buckelberry Path
(insert complete mailing address, including country) Columbia, Md. 21044

Full name of second inventor VINCENT FISCHETTI
GIVEN NAME MIDDLE NAME FAMILY NAME
Inventor's signature * [Signature]
Date of signature * 1/02/01
Residence WEST HEMPSTEAD NY USA
CITY STATE OR PROVINCE COUNTRY
Citizenship USA
Post Office Address 448 Joan Court
(insert complete mailing address, including country) West Hempstead, New York 11552

Applicant or Patentee: VINCENT FISCHETTI and LARRY LOOMIS

Serial or Patent No.: _____ Any. Dkt. No. _____

Filed or Issued: _____

For: THE PARENTERAL USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR THE THERAPEUTIC TREATMENT OF BACTERIAL INFECTIONS**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27 (c)) - INDEPENDENT INVENTOR**

As a below named inventor, We hereby declare that We qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled THE PARENTERAL USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR THE THERAPEUTIC TREATMENT OF BACTERIAL INFECTIONS, described in

(X) the specification filed herewith

() application serial no. _____, filed _____

() patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey, or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below.

() no such person, concern or organization

(X) persons, concerns or organizations listed below*

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME New Horizons Diagnostics, Inc.ADDRESS 9110 Red Branch Road, Columbia, Maryland 21045-2014

() INDIVIDUAL (X) SMALL BUSINESS CONCERN () NONPROFIT CORPORATION

FULL NAME _____

ADDRESS _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT CORPORATION

FULL NAME _____

ADDRESS _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT CORPORATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate: (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States

Applicant or Patentee: New Horizons, Vincent Fischetti, Ph.D. and Lawrence Loomis

Serial or Patent No.: _____ Atty. Dkt. No. _____

Filed or Issued: _____

For: THE PARENTERAL USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR THE THERAPEUTIC TREATMENT OF BACTERIAL INFECTIONS**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27 (e)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- (x) the owner of the small business concern identified below:
 (x) an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN NEW HORIZONS DIAGNOSTICS CORPORATIONADDRESS OF CONCERN 9110 Red Branch Road, Columbia, Maryland 21045

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18 and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (h) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled THE PARENTERAL USE OF BACTERIAL PHAGE ASSOCIATED LYSING ENZYMES FOR THE THERAPEUTIC TREATMENT OF BACTERIAL INFECTIONS by inventors Vincent Fischetti, and Lawrence Loomis, described in

- (X) the specification filed herewith
 (Enter "X" if described in application)

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).
 * NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities: (37 CFR 1.27)

NAME: _____

ADDRESS: _____

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT CORPORATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate: (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Lawrence LoomisTITLE OF PERSON OTHER THAN OWNER: PresidentADDRESS OF PERSON SIGNING: 11374 Buckleberry Path Columbia Maryland 21044* SIGNATURE: Lawrence Loomis * DATE: 01/02/01

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VINCENT A Fischetti

LAWRENCE Loomis

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

Date

Date

Date

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TELEPHONE

ASSIGNMENT

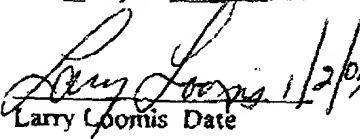

WHEREAS, We, Larry Loomis of 11374 Buckelberry Path, Columbia, Md 21044 and Vincent Fischetti of 448 Joan Court West Hempstead, New York, 11552(hereinafter referred to as Inventors), and have invented certain new and useful improvements for which an application for United States Letters Patent was signed by us on or about _____, and filed in the United States on _____ and assigned Serial Number _____

WHEREAS, New Horizons Diagnostics, Inc. a corporation of Maryland, having a place of business at 9110 Red Branch Road, Columbia, Maryland (hereinafter referred to as Company), is desirous of acquiring the entire right, title and interest in and to said invention and in and to any Letters Patent that may be granted therefor in the United States and in any and all foreign countries, and employing the above said individuals,

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) to us in hand paid, the receipt whereof is hereby acknowledged, and other valuable considerations, the said Inventors have sold, assigned and transferred, and by the presents do sell, assign and transfer unto said Company, the full and exclusive right to the said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title and interest in and to any and all Letters Patent, which may be granted thereof in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, reissues, continuations and extensions thereof.

We hereby authorize and request the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said Company as the assignee of the entire right, title and interest in and to the same, for the sole use and behoof of the said Company, its successors and assigns.

FURTHER, we agree that we will communicate to said Company or its representatives any facts known to us respecting said invention, and testify in any legal proceedings, sign all lawful papers, execute all divisional, continuation, substitution, renewal and reissue applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said Company, make all rightful oaths and generally do everything possible to aid said Company, its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries. IN TESTIMONY WHEREOF, I have hereunto set our hands this ____ day of _____ 2000.

*  1/2/01  01/02/01
Larry Loomis Date Vincent Fischetti Date

Signed in the presence of:

Witness: _____ Signed: _____
Witness: _____ Signed: _____

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